



**Supplemental Application Data Sheet**  
**Application Information**

**Application number::** 10/655,713  
**Filing Date::** September 5, 2003  
**Application Type::** Regular  
**Subject Matter::** Utility  
**Title::** Self-Service Customer License Management Application  
Allowing Users To Input Missing [Licences] Licenses

**Attorney Docket Number::** BEAS-01454US6  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::** 2  
**Total Drawing Sheets::** 4  
**Small Entity?::** No

**Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States  
**Status::** Full Capacity  
**Given Name::** Quoc  
**Middle Name::**  
**Family Name::** Le  
**Name Suffix::**  
**City of Residence::** Burlingame  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::** 1219 Bellevue Avenue, Apt. 6

**City of mailing address::** Burlingame  
**State or Province of mailing address::** California  
**Country of mailing address::** United States  
**Postal or Zip Code of mailing address::** 94010  
**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States  
**Status::** Full Capacity  
**Given Name::** Carey  
**Middle Name::** E.  
**Family Name::** Garibay  
**Name Suffix::**  
**City of Residence::** Campbell  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::** 75 North Second Street  
**City of mailing address::** Campbell  
**State or Province of mailing address::** California  
**Country of mailing address::** United States  
**Postal or Zip Code of mailing address::** 95008  
**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Brazil  
**Status::** Full Capacity  
**Given Name::** Mario  
**Middle Name::**  
**Family Name::** Kosmiskas  
**Name Suffix::**

**City of Residence::** San Jose  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::** 330 Elan Village Lane, Apt. 310  
**City of mailing address::** San Jose  
**State or Province of mailing address::** California  
**Country of mailing address::** United States  
**Postal or Zip Code of mailing address::** 95134  
**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States  
**Status::** Full Capacity  
**Given Name::** Thomas  
**Middle Name::**  
**Family Name::** Han  
**Name Suffix::**  
**City of Residence::** Cupertino  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::** 10733 Culbertson Drive  
**City of mailing address::** Cupertino  
**State or Province of mailing address::** California  
**Country of mailing address::** United States  
**Postal or Zip Code of mailing address::** 95014  
**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States  
**Status::** Full Capacity

**Given Name::** Jonathan  
**Middle Name::**  
**Family Name::** Thompson  
**Name Suffix::**  
**City of Residence::** Redwood City  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::** 3525 Farm Hill Blvd. Apt. 5  
**City of mailing address::** Redwood City  
**State or Province of mailing address::** California  
**Country of mailing address::** United States  
**Postal or Zip Code of mailing address::** 94061

### **Correspondence Information**

**Correspondence Customer Number::** 23910  
**Phone number::** (415) 362-3800  
**Fax Number::** (415) 362-2928  
**Email address::** jpo@fdml.com

### **Representative Information**

**Representative Customer Number::** 23910

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
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This Application	An Application claiming the benefit under 35 USC 119(e)	60/485,867	07/09/03
<u>This Application</u>	<u>An Application claiming the benefit under 35 USC 119(e)</u>	<u>60/475,546</u>	<u>06/03/03</u>

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

**Assignee Name::** Bea Systems, Inc.  
**Street of mailing address::** 2315 North First Street  
**City of mailing address::** San Jose  
**State or Province of mailing address::** California  
**Country of mailing address::** United States  
**Postal or Zip Code of mailing address::** 95131